

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVA	L
OMB Number: Expires: Estimated avera hours per respor	
SEC USE	ONLY

DATE RECEIVED

Prefix

1/45/6/

Serial

Name of Offering (□ check if thi	is is an amendment and name has changed, and indicate	e change.)
JHC Capital Partners LP		
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 X Rule 506 ☐ Rule	4(6) ☐ ULOE
Type of Filing: ☐ New Filing	X Amendment	
	A. BASIC IDENTIFICATION DATA	// JUL 1 6 2004 >>
1. Enter the information requested	about the issuer	
Name of Issuer (☐ check if this is	s an amendment and name has changed, and indicate c	hange.)
JHC Capital Partners LP		179
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o JHC Capital Management, LLC, 8	S Sound Shore Drive, Suite 215, Greenwich, CT 06830	(203) 661-3122
Address of Principal Business Op	erations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PPOCES
To operate as a private investmen	t fund	
Type of Business Organization		JUL 2 0 2004
□ corporation	X limited partnership, already formed	□ other (please specify):
☐ business trust	☐ limited partnership, to be formed	THOMSON
Actual or Estimated Date of Incor		ar 1 X Actual
Jurisdiction of Incornaration or O	rganization: (Enter two-letter U.S. Postal Service abbr	eviction for State:
Jurisdiction of incorporation of O	CN for Canada; FN for other fore:	F
	CIVIOI Callada, FIV for other force	ign jurisdictions) [D] E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate sates will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



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			property of the second	A. BASIC IDENTI	FICATION DATA		
2.	Enter the	e information req	uested for the fol	llowing:			
	Eacsecand	ch beneficial own urities of the issuch th executive official	ner having the po ner; ner and director o	wer to vote or dispose,	·	position of, 10	% or more of a class of equity rtners of partnership issuers;
-Cł		es) that Apply:	X Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	X General Partner
_	<u>`</u>	Last name first, i		71 Deliciteral O Wiles		<u> </u>	71 General 1 actives
				Partner" or "G.P.")			
		Residence Addre ore Drive, Suite 2		Street, City, State, Zip (CT_06830	Code)		
Ch	neck Box(es) that Apply:	X Promoter	X Beneficial Owner	X Principal of the G.F	P. 🗆 Directo	r □ General and/or Managing Partner
	ıll Name (ohen, Jona	Last name first, i	f individual)				
				Street, City, State, Zip (Shore Drive, Suite 215,	Code) Greenwich, CT 06830		
Ch	neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer of	of the G.P.	☐ Director ☐ General and/or Managing Partner
	ıll Name (l eay, Kristii	Last name first, in	f individual)				
Bu	isiness or	Residence Addre		Street, City, State, Zip (Shore Drive, Suite 215,	Code) Greenwich, CT 06830		
		es) that Apply:	recorder or a contract of	☐ Beneficial Owner	TO RECURS A CONTROL OF THE PROPERTY OF THE PRO	☐ Director	☐ General and/or Managing Partner
Fu		Last name first, i	findividual)				
Bu	isiness or	Residence Addre	ss (Number and	Street, City, State, Zip (Code)		
Ch	eck Box(e	es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Fu	ll Name (l	Last name first, if	f individual)				
Bu	isiness or	Residence Addre	ss (Number and	Street, City, State, Zip (Code)		
Ch	eck Box(e	es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Fu	ll Name (I	Last name first, if	individual)				
Bu	isiness or	Residence Addre	ss (Number and	Street, City, State, Zip (Code)		
Ch	eck Box(e	es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

	6.24.38			В. 1	NFORMA	ATION AI	BOUT OF	FERING	E.				
												Yes	No
1.Has th	ne issuer so	old, or does	s the issuer		-				-				X
A 7777					• •	-	•	ng under U	LOE.			# # # # # # # #	VV*
2. Wha			estment tha unt subject		-	•	ividual?					\$500,0	
3. Doe	s the offeri	ing permit	joint owner	ship of a s	ingle unit?							Yes X	No
sion be li nam	or similar: sted is an a e of the bro	remunerati Issociated p Iker or deal	uested for e on for solic person or ag ler. If more tion for tha	itation of p gent of a br than five (:	ourchasers i roker or de 5) persons (in connection aler registents to be listed	on with sale red with th	es of securi e SEC and	ties in the o or with a s	ffering. If a tate or state	person to es, list the		
Full Na	me (Last n	ame first, i	f individua	l)									
None													
Busines	s or Reside	ence Addre	ess (Numbe	r and Stree	et, City, Sta	ite, Zip Co	de)						
Name o	f Associate	ed Broker o	or Dealer										
States in	which Pe	erson Liste	d Has Solid	cited or Int	ends to Sol	licit Purcha	isers						
`			k individua	•								All Stat	tes
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nai	ne (Last n	ame first, i	f individual	1)									
Busines	s or Reside	ence Addre	ess (Numbe	r and Stree	et, City, Sta	ite, Zip Co	de)						
Name o	f Associate	ed Broker o	or Dealer										
States in	Which Pe	erson Liste	d Has Solic	eited or Inte	ends to Sol	icit Purcha	isers		 				
			k individua	•								All Stat	tes
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
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Full Nar	ne (Last na	ame first, i	f individual	1)									
Busines	s or Reside	ence Addre	ss (Numbe	r and Stree	t, City, Sta	te, Zip Co	de)						
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States in	Which Pe	rson Listed	d Has Solic	ited or Into	ends to Sol	icit Purcha	sers						
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[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
ابريا	[၁၀]		Use blank s	-							[,, 1]	[1 1/]	

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,		
	check this box \square and indicate in the columns below the amounts of the securities offered for		
	exchange and already exchanged.		
	Type of Security	Aggregate Offering Price1	Amount Already Sold
	Debt		¢ 0
		<u>\$ -0-</u>	\$0-
	Equity	\$	\$0-
		<i>e</i> 0	Φ Δ
	Convertible Securities (including warrants)	\$0-	\$0-
	Partnership Interests	\$ 50,000,000	\$ 30,414,310
	Other (Specify)	\$	\$0-
	Total	\$ <u>50,000,000</u>	\$_30,414,310
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		·
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	29	\$ 30,414,310
	Non-accredited Investors	-0-	\$
	Total (for filings under Rule 504 only)	N/A	\$
_	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A N/A	\$ <u>N/A</u> \$ N/A
	Rule 504		
	Total	N/A	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 20,000
	Accounting Fees	П	
		_	\$3,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) (blue sky, travel, banking costs, marketing)		\$_2,000
	Total		\$ 25,000

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

¹ Estimated solely for the purpose of this filing.

	b. Enter the difference between the Question 1 and total expenses furnish the "adjusted gross proceeds to the iss	ed in response to Part C - Question	response to Part C - 4.a. This difference is		\$ <u>49,975,000</u>
5.	Indicate below the amount of the adjust for each of the purposes shown. If the and check the box to the left of the adjusted gross proceeds to the issuer s	amount for any purpose is not know estimate. The total of the payments	n, furnish an estimate listed must equal the		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			□ \$	□ \$
	Purchase of real estate			□ \$	□ \$
	Purchase, rental or leasing and ins	tallation of machinery and equipmer	nt	□\$	□ \$
	Construction or leasing of plant bu	ildings and facilities		□ \$	□ \$
	offering that may be used in exch	including the value of securities in lange for the assets or securities of	another issuer	□ \$	
	•			□ \$	□ \$
	• •			□ \$	□ \$
	0 1				
				□ \$	X \$ <u>49,975,000</u>
	Columns Totals			□ \$	X \$ 49,975,000
	Total Payments Listed (column tot	als added)			75,0002
		D. FEDERAL SIGNAT	TURE	enja. Ma opinava dive je se	
fol!	e issuer has duly caused this notice to blowing signature constitutes an undertauest of its staff, the information furnish	king by the issuer to furnish to the U	J.S. Securities and Excha	nge Commission	i, upon written
Issı	uer (Print or Type)	Signature	Date		•
ш	C Capital Partners LP	11/1/	Jul	1 12,200	\mathcal{N}
Na	me of Signer (Print or Type) JHC Capital Management, LLC	Title of Signer (Print or Type)		1	
	Jonathan Cohen	Principal of the General Partner	r		
		ATTENTION			
	Intentional misstatements	or omissions of fact constitute fed	eral criminal violations	. (See 18 U.S.C.	. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

² The Issuer will pay JHC Capital Management, LLC, its General; Partner (or any other affiliated management company), a management fee at a quarterly rate equal to 1.5% of the net asset value of the capital amount balance of each limited partner.

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No X of such rule?..... See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signatur 2,2004 JHC Capital Partners LP

Title of Signer (Print or Type)

Principal of the General Partner

E. STATE SIGNATURE

Instruction.

Name of Signer (Print or Type)
By: JHC Capital Management, LLC

By: Jonathan Cohen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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				API	PENDIX						
1	Intento non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	\$50,000,000 of Limited Partnership Interests	Number of Accredited Investors	credited Amount Non-Accredited Amount			Yes	No		
AL											
AK		<u> </u>		<u> </u>							
AZ		<u> </u>									
AR											
CA						<u> </u>					
СО											
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IL		X	All	1	\$1,000,000	0	0		X		
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	APPENDIX										
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of i amount purc (Part C	nvestor and chased in State C-Item 2)		Disqua	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	\$50,000,000 of Limited Partnership Interests	Number of Accredited Investors	ccredited Amount Non-Accredited Amount				No		
MT											
NE											
NV			i 								
NH											
NJ							 		!		
NM											
NY											
NC											
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